

Attachment B. ADMINISTRATIVE SUPPORT NARRATIVE - Face Sheet

A. CONTRACTOR INFORMATION

1. Contractor Agency Name: _____

2. Address: _____

3. Telephone Number: _____ Fax Number: _____ Email: _____

4. Contractor Agency Project Director (Name and Title) _____

5. Contractor Agency Contract Administrator Name: _____

5a. Contractor Agency Contract Administrator Title: _____

5b. Address (if different from A.2. and 3. above): _____

Telephone Number: _____ Fax Number: _____ Email: _____

6. Name of Program (s): _____

7. Status: () Public () Private, Not for Profit () Private, For Profit

8. Contractor Agency Federal Tax ID Number: _____

9. Contractor's Financial Reporting Year _____ through _____

B. DELIVERY SITE(S): _____

C. AREA TO BE SERVED: _____

D. ACTIVITY TO BE PROVIDED: _____

(Signature of Authorized Person)

(Date Submitted)